

Date: [Current Date]

Patient Name: [Patient Full Name]

Address: [Patient Address]

Date of Birth: [DOB]

Subject: Reminder to Reschedule Missed Allergy Testing Appointment

Dear [Patient Name],

Our records show that you missed your scheduled allergy testing appointment on [Date of Missed Appointment] at [Time]. We missed seeing you in the clinic and want to ensure you receive the necessary care.

Allergy testing is an important step in identifying your triggers and developing an effective treatment plan. Because these appointments require specific preparation and dedicated time blocks, we encourage you to reschedule as soon as possible.

To reschedule, please choose one of the following options:

- Call our office at [Phone Number] during business hours.
- Log in to the Patient Portal at [Website Link].
- Reply to this email with your preferred dates and times.

Pre-Appointment Reminders:

Please remember that you must stop taking antihistamines [Number] days before your test. If you have any questions regarding your medications or the testing process, please let us know.

If you have already rescheduled or no longer require this testing, please disregard this letter.

Sincerely,

[Staff Name/Department]

[Clinic Name]

[Clinic Phone Number]